

***SUMMARY REPORT OF KENTUCKY BOARD OF NURSING ADVISORY OPINIONS  
ON NURSING PRACTICE ISSUES***

**July 1, 2002 – June 30, 2003**

The primary mission and purpose of the Board is to enforce public policy related to the safe and effective practice of nursing in the interest of public welfare. As a regulatory agency of state government, the Board of Nursing accomplishes this mission as authorized by Kentucky Revised Statutes (KRS) Chapter 314—The *KENTUCKY NURSING LAWS* and attendant administrative regulations. In accomplishing one aspect of the mission, the Board of Nursing issues advisory opinions on what constitutes the legal scope of nursing practice.

An opinion is not a regulation of the Board; it does not have the force and effect of law. Rather, an opinion is issued as a guidepost to licensees who wish to engage in safe nursing practice.

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm.
- b) The maintenance of health or prevention of illness of others.
- c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
  - 1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
  - 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
  - 3. Intervening when emergency care is required as a result of drug therapy;
  - 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
  - 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
  - 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care.

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- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

KRS 314.021(2) states:

All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

KRS 314.021(2) imposes individual responsibility upon a nurse to undertake the performance of acts for which the nurse is educationally prepared and clinically competent to perform in a safe, effective manner. This section holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

Acts which are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and experience to perform those acts safely and competently. A nurse/licensee who doubts his/her personal competency to perform a requested act has an affirmative obligation to refuse to perform the act, and to inform his/her supervisor and the physician prescribing the act, if applicable, of his/her decision not to perform the act.

If a licensee accepts an assignment that the licensee believes is unsafe or for which the licensee is not educationally prepared, then the licensee also assumes the potential liability, which may occur as a result of the assignment. Others may equally or concurrently be responsible, accountable, and liable for a licensee's actions.

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In the performance of acts in a health care facility/agency, nurses should follow written approved policies and procedures of the facility/agency, which are consistent with the *KENTUCKY NURSING LAWS*.

The Board has published "Scope of Practice Determination Guidelines" as a decision making model for an individual licensee to use in determining whether the performance of a specific act is within the scope of practice for which the individual is educationally prepared, clinically competent and licensed to perform. Individuals are encouraged to utilize the "Guidelines" in making decisions as to whether he/she should or should not perform a particular act. A copy may be obtained from the Board office, or on the Board's website at <http://kbn.ky.gov>.

The responsibilities which any nurse can safely accept are determined by the variables in each nursing practice setting. These variables include:

1. The nurse's own qualifications including:
  - a. basic prelicensure educational preparation;
  - b. knowledge and skills subsequently acquired through continuing education and practice; and
  - c. current clinical competence.
2. The "standard of care" which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience.
3. The complexity and frequency of nursing care needed by a given client population.
4. The proximity of clients to personnel.
5. The qualifications and number of staff.
6. The accessible resources.
7. The established policies, procedures, standards of practice, and channels of communication which lend support to the types of nursing services offered.

To date, the Board has published thirty-three (33) advisory opinion statements, as listed on the "Kentucky Board of Nursing Publications" form and on the Board's web site at <http://kbn.ky.gov>.

Advisory opinion statements are developed and published when:

1. Multiple inquiries are received regarding a specific nursing procedure or act;
2. The Practice Committee determines that a specific nursing procedure or act has general applicability to nursing practice and warrants the development of an opinion statement; or
3. The Board directs that an opinion statement be developed.

When studying issues, the Board reviews and considers applicable standards of practice statements published by professional nursing organizations; the educational preparation of both registered and licensed practical nurses as provided in the prelicensure nursing education programs in the Commonwealth; and, when applicable, the organized post-basic educational programs for advanced registered nurse practitioners. The Board also gathers information regarding practice issues from nurses in relevant practice settings (including staff nurses, supervisors, nurse faculty members, etc.) and/or representatives from state nursing associations in the Commonwealth, among others. Further, the Board reviews applicable opinions issued by the Office of the Attorney General.

In addition to the thirty-three (33) advisory opinion statements published as of June 30, 2003, the Board has issued from July 1, 2002, to June 30, 2003, individual advisory opinions in response to inquiries on specific nursing practice situations, summarized as follows:

### **ORDER FOR RESTRAINTS (10/01, revised 10/02)**

*The Summary Report of KBN Advisory Opinions July 1, 2001 – June 30, 2002* was reviewed and information was clarified. On page 4, the section entitled “Order for Restraints” was revised to state “...It is within the scope of registered nursing practice for a registered nurse to initiate the use of personal and mechanical restraints. It is not within the scope of registered nursing to order a chemical restraint; however, a qualified ARNP may do so....”

### **ADMINISTRATION OF MEDICATION TO CHILDREN IN SCHOOL SETTINGS (10/02)**

In October 2002, the Board reaffirmed its position of support for assuring the safe administration of medication to children in school settings by requesting that the Department of Education promulgate an administrative regulation governing the administration of medication in school settings by: registered nurses, licensed practical nurses under the supervision of a registered nurse, or physicians; or unlicensed personnel who have completed a training program approved by the Board and who administer medications only as delegated by and under the supervision of a nurse.

The Practice Committee members will monitor the impact of the 2002 legislation creating a School Nurse Consultant position and the recommendations of the KBN Regulation of Unlicensed Assistive Personnel Task Force.

### **MONITORING OF PATIENTS RECEIVING KETAMINE HYDROCHLORIDE (10/02)**

In October 2002, the Board responded to S. Stapczynski, MD, and P. Stuart, RN, on the administration and monitoring of a patient receiving Ketamine Hydrochloride.

The Board accepted the definition of “procedural sedation and analgesia” (PSA) as:

A technique of administering sedatives or dissociative agents (such as Ketamine Hydrochloride) with or without analgesics to induce a state that allows the patient to tolerate unpleasant procedures while maintaining cardiorespiratory function. Procedural sedation and analgesia is intended to result in a depressed level of consciousness but one that allows the patient to maintain airway control independently and continuously. Specially, the drugs, doses, and techniques used are not likely to produce a loss of protective airway reflexes.” (Krause, Baruch, MD, “Management of Acute Pain and Anxiety In Children Undergoing Procedures In the Emergency Department,” Pediatric Emergency Care, Vol. 17, No. 2, p 117.)

It was the advisory opinion of the Board that both the administration of Ketamine Hydrochloride for “procedural sedation and analgesia” (PSA) and the monitoring of patients receiving Ketamine Hydrochloride for PSA were within the scope of registered nursing practice when:

1. A physician, or qualified advanced registered nurse practitioner, is readily available throughout the procedure and during the post procedural monitoring period;
2. The nurse is educationally prepared and currently clinically competent to perform the act in a safe, effective manner. Documentation of the nurse’s educational preparation and demonstrated clinical competence is maintained.
3. The monitoring of the patient is according to accepted standards for PSA and is performed according to facility established written policy and procedure.

### **INITIATION OF RESUSCITATION ABSENT A “DO NOT RESUSCITATE” ORDER (02/03)**

In February 2003, the Board responded to the opinion request from Paula Horn, RN, Corydon, Indiana, on the initiation of resuscitation absent a “Do Not Resuscitate” order.

It was the advisory opinion of the Board that a nurse would not start CPR when:

- There is a valid order for the patient not to attempt resuscitation in the event of an apparent cardiac/pulmonary arrest; these are often referred to as “do not attempt resuscitation” (DNAR) or “do not resuscitate” (DNR) orders.
- Obvious signs of death are present. The most reliable are: dependent livido; rigor mortis; algo mortis; and injuries that are incompatible with life.

Nurses are encouraged to act as patient advocates by assisting patients with self-determination of their wishes and with having those decisions placed in writing.

Note that the role of the registered nurse employed by an ambulance service is delineated in KRS 314.181, and is different than the role of the nurse in a health care facility. In addition, the roles of emergency medical technicians and paramedics in resuscitation and death pronouncement of a patient in a health care facility are different than nurses. Nurses are advised that the Kentucky Board of Emergency Medical Services promulgates the statutes and regulations that govern emergency medical technicians and paramedics. You may wish to contact that agency to obtain this information. The address and telephone number follows:

Kentucky Board of Emergency Medical Services  
Commonwealth of Kentucky  
2545 Lawrenceburg Road  
Frankfort, Kentucky 40601  
Phone: 502-564-8963

### **ROLE OF RN IN PERFORMANCE OF CIRCULATING DUTIES IN THE OPERATING ROOM (02/03)**

In February 2002, the Board responded to the opinion request from Pamela Murphy, Inspector General, Frankfort, on the role of the registered nurse in the performance of circulating duties in the operating room.

It was the advisory opinion of the Board that the duties of a circulator in an operating room require substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process, such as are taught in a registered nursing educational program. Further, it is the advisory opinion of the Board that the circulating registered nurse should perform circulator duties in only one operating room at a time, and that circulating duties should not be delegated to a surgical technologist or licensed practical nurse.

Surgical assistants/technicians/technologists are not licensed in Kentucky. However, the Board recognizes the role of these individuals and of the qualified licensed practical nurse in the performance of “scrub” duties in the operating room. A licensed practical nurse or surgical technologist should not be responsible for performing circulating duties, but only for assisting the registered nurse who is the circulator, under the direct supervision and delegation of that registered nurse. The delegating nurse must follow the standards set forth in 201 KAR 20:400 Delegation of nursing tasks to unlicensed personnel.

### **THERAPEUTIC PHLEBOTOMY VIA A CENTRAL VENOUS LINE ACCESS BY REGISTERED NURSES (04/03)**

In April 2003, the Board responded to the opinion request of September 6, 2002 from Michelle Dickens, RN, Campbellsville, on the performance of therapeutic phlebotomy via a central venous line access by registered nurses.

It was the advisory opinion of the Board that the performance of therapeutic phlebotomy (removal of a large volume of blood) via a central venous access device, is not within the scope of registered nursing practice. The performance of this act would be within the scope of advanced registered nursing practice for the ARNP who possess the requisite educational preparation and current clinical competency to perform the procedure in a safe manner.

### **INITIAL PAIN ASSESSMENT BY LPN (04/03)**

In April 2003, the Board responded to the opinion request of February 18, 2003 from Michelle Dickens, RN and M.A. Simmons, RN, Campbellsville, on the performance of initial pain assessment by licensed practical nurses.

It was the advisory opinion of the Board that it is within the scope of licensed practical nursing practice, for the licensed practical nurse who possess the requisite educational preparation and current clinical competence to collect the data and complete the "Taylor County Hospital Initial Pain Assessment" form. The registered nurse who develops the plan of care for the patient should review the completed form.

### **ASPIRATION OF A CENTRAL VENOUS CATHETER BY LPN (04/03)**

In April 2003, the Board responded to the opinion request of January 10, 2003 from A. Madden, RN, Louisville, on the role of the licensed practical nurse in the aspiration of a central venous catheter.

The Board revised AOS # 99-03 entitled "Roles of Nurses in Intravenous Therapy Practice" to include a guideline that it is within the scope of licensed practical nurse to aspirate a central venous catheter to confirm patency, via positive blood return. It was the opinion of the Board, however, that the withdrawal of blood specimens via a central venous catheter is not within the scope of licensed practical nursing practice.

### **DELEGATION OF OXYGEN SATURATION MEASUREMENT AND DOCUMENTATION TO UNLICENSED ASSISTIVE PERSONNEL (06/03)**

In June 2003, the Board responded to an opinion request from Sharon Merritt, Central Baptist Hospital, Lexington, on the role of the nurse in the delegation of oxygen saturation measurements to unlicensed assistive personnel.

The Board revised AOS # 85-15 entitled "Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel" to reflect the advisory opinion of the Board that unlicensed personnel who provide nursing assistance may contribute to the implementation of the plan of nursing care in situations where the delegation of the task does not jeopardize the patient's welfare. Some tasks that require nursing judgment may be delegated only after the nursing judgment is made. Such tasks may include, but are not limited to: collection, documentation, and reporting of data (e.g., vital signs, oxygen saturation using pulse oximeter

equipment, height, weight, intake and output, and blood glucose testing when sample is obtained from a capillary site).

**ROLE OF NURSES IN THE DELEGATION OF “FLEET” (FLEET BISACODYL OR FLEET PHOSPHO-SODA) ENEMA ADMINISTRATION TO UNLICENSED ASSISTIVE PERSONNEL (06/03)**

In June 2003, the Board responded to the opinion request from Elaine Kersting, Hospice Institute, Louisville, on the role of the nurse in delegating to unlicensed assistive personnel nursing care pertaining to the administration of a “Fleet” (Fleet Bisacodyl or Fleet Phospho-soda) enema.

The Board revised AOS # 85-15 entitled “Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel,” Page 4, Item 5(c) to reflect the opinion of the Board on this matter as follows:

The following acts related to the administration of medications should not be delegated to unlicensed personnel: ... Administration of medication via tubes inserted in any body cavity, except for the administration of a “Fleet” enema (Fleet Bisacodyl or Fleet Phospho-Soda) when performed under the delegation and supervision of a nurse and in accordance with established facility policy and procedure.

**ADVISORY OPINION STATEMENTS --REVISIONS:**

- AOS # 99-03, “Roles of Nurses in Intravenous Therapy Practice.”
- AOS # 87-15, “Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel.”
- AOS #91-26, “Roles of Nurses in the Delivery of Prehospital Emergency Medical Care Via Ambulance Services.”
- AOS # 93-30, “School Nursing Practice.”
- AOS # 95-32, “Intravenous Administration of Medications for Conscious Sedation by Nurses.”

**ADVISORY OPINION STATEMENTS -- NEW:**

- AOS #03-33, “Roles of Nurses in the Delegation of Tasks to Paramedics in a Hospital Emergency Department.”
- AOS # 03-24 on “Patient Abandonment by Nurses,” replaced AOS #90-24 entitled “Abandonment of Patients by Nurses.”

All advisory opinion statements may be obtained from the Board office or from the KBN website <http://kbn.ky.gov>.

**INFORMATION NOTES:**

**MESSAGE THERAPY**

House Bill 126 (2002) created the Kentucky Board of Licensure for Massage Therapy and licensure of massage therapists. The act does not preclude “...Practitioners of the following occupations and professions regulated by state law while engaging in the practices for which they are duly licensed and while not holding themselves out to be a massage therapist: ...registered nurses and practical nurses regulated under KRS Chapter 314....”

## **PARAMEDICS IN HOSPITAL EMERGENCY DEPARTMENTS**

In October 2002, the Board directed that a letter be sent to the Office of the Inspector General requesting that a registered nurse be included in the administrative regulations governing hospitals, operation and services, implementing KRS 311A.170(5)(a).

KRS 311A.170(5)(a) requires a hospital, in collaboration with the medical staff, to provide operating procedures and policies under which the paramedic shall operate consistent with the paramedic's scope of practice. The Kentucky Board of Nursing requests that the administrative regulation implementing this section require the hospital to include the Director of Nursing, or the Director's designee, who shall be a registered nurse experienced in emergency department management, in the hospital-designated representatives that address this matter.

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